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Recommendation for funding for a short duration country programme**

Republic of the Congo

Summary

The present document contains a recommendation for funding from general and other resources for the two-year country programme of the Congo to support activities for which the country programme is in preparation. The Executive Director *recommends* that the Executive Board approve the amount of $985,000 from general resources, subject to the availability of funds, and $2,500,000 from other resources, subject to the availability of special-purpose contributions, for 2003.

* E/ICEF/2002/11.

** The figures provided in the present document are final and take into account unspent balances of programme cooperation at the end of 2002. They will be contained in the "Summary of recommendations for programmes funded from general and other resources" (E/ICEF/2002/P/L.36).

02-46757 (E) 280802 060902

Basic data (2000 unless otherwise stated)	
Child population (millions, 0-18 years)	1.6
U5MR (per 1,000 live births)	108
IMR (per 1,000 live births)	81
Underweight (% moderate and severe, 1999)	14*
MMR (per 100,000 live births, 1995)	1 100**
Literacy rate (% male/female)	88/74
Primary school enrolment (% net, male/female)	../...
Primary school children reaching grade 5 (%, 1995)	55
Use of improved sources of safe water (%)	51
Routine EPI immunization provided by Government (%)	...
Incidence of HIV among adults (%, 1999)	6.4
GNP per capita (US$)	630
One-year-olds fully immunized against (2001):	
Tuberculosis	52 per cent
Diphtheria/pertussis/tetanus	31 per cent
Measles	35 per cent
Poliomyelitis	32 per cent
Pregnant women immunized against tetanus	39 per cent

* 0-71 months.
** Estimate based on the WHO/UNICEF model.

The situation of children and women

1. The situation of social order and security which has prevailed in the Congo since 2000, strengthened by the national dialogue, the constitutional referendum and the presidential election, is extremely fragile, as shown by the recent events in Pool and Brazzaville. These armed conflicts, which resulted in another massive population displacement of nearly 150,000 people, are proof of the tenuous social and political balance. The legislative, local and senate elections are still scheduled for 2002 and give reason to hope that the ongoing negotiations, rather than weapons, will prevail.

2. The 1993 and 1999 crises have worsened the living conditions of the population: 70 per cent of Congolese are living below the extreme poverty line (less than one dollar per day). External debt servicing places a heavy burden on the State budget and limits investment in the basic social sectors.

3. The infant and under-five mortality rates have remained unchanged for the past 10 years. Chronic malnutrition, anaemia, vitamin A deficiency and low birth weight are serious problems. The most common infectious diseases are still malaria, which is the primary cause of morbidity and mortality among under-five children; acute respiratory infections; and diarrhoeal diseases. Owing to the Government's commitment, expressed through 30 per cent funding, the Congo is on its way to eradicating poliomyelitis. However, routine Expanded Programme on Immunization (EPI) coverage is still limited and the Government has never helped cover the costs

of purchasing vaccines. The rates of access to drinking water and sanitation have not improved since 1998.

4. The incidence of HIV/AIDS nationwide was estimated at 8 per cent in 1997 and at 14 per cent for the port city of Pointe Noire in 1999. An August 2001 study found that 35 per cent of hospital beds were occupied by patients with AIDS; generally speaking, half the staff's time was devoted to their care. Small-scale surveys in Brazzaville show that the estimated percentage of adults living with AIDS is higher for women (30 per cent) than for men (21 per cent) and that the average age of people living with AIDS is younger for women (32) than for men (42). The early age of first sexual relations (17 per cent begin at age 13 and 65 per cent by age 15), together with sexual abuse and prostitution, make girls and women even more vulnerable to HIV infection. The widespread rape of women practised during the armed conflicts persists; nearly 6 per cent of women in Brazzaville are affected.

5. The education crisis continues, as shown by the low success rate of the educational system. The primary school gross attendance rate is stabilizing at approximately 72 per cent; thus, the decline in enrolment rates over the past 10 years has slowed. Girls accounted for 47 per cent of all primary school students in 2000. The teacher shortage continues to place many children at a disadvantage; the average student/teacher ratio is 57 to 1, particularly in rural areas where school closings continue. Children who attend school do so under conditions which are not conducive to high-quality education: nearly one third of pre-school and primary school classrooms are in poor condition when measured by even the lowest standards.

6. Dysfunction among social and family structures and within the production system has had a negative impact on the physical and mental development of young children and adolescents, many of whom were forcibly recruited by armed militia groups. Despite the lack of reliable data, all the empirical evidence indicates a marked increase in the number of children in need of special protection measures, especially in Brazzaville, Pointe Noire, Nkayi, Dolisie and Sibiti.

Programme cooperation, 2001-2002

7. The 2001-2002 cooperation programme was implemented during a post-conflict period of social and political instability. That programme, preceded by the emergency response in 2000, involved relaunching the regular health and education programmes in 2001, initiating a development process in 2002 and establishing a new, holistic approach to children's and women's rights at the levels of institutions, civil society and communities.

8. In the health field, UNICEF put 70 health outposts back in operation with the minimum package of medical services, including immunization of nearly 400,000 inhabitants. UNICEF assistance focuses on restoring routine EPI by making 60 per cent of permanent immunization centres operational, supporting National Immunization Days and promoting clean births. In the context of the Global Alliance for Vaccines and Immunization, UNICEF endorses the external EPI review and the assessment of immunization coverage prior to preparation of the five-year plan. Responding to the recommendations of the African Development Forum, UNICEF contributed (a) to setting up a national network of non-governmental

organizations (NGOs) to act against the alarming spread of AIDS in the Congo, and to developing a two-year plan of action, and (b) to projects caring for AIDS orphans and addressing AIDS prevention in schools.

9. The nutrition programme, besides making permanent the nutrition protocol already in use in 12 health districts, has set up about 200 community kitchens as an advanced strategy to enable communities themselves to cope with nutritional problems; the strategy already covers about 60,000 children under five. Provision of micronutrient supplements is already in place, with (a) vitamin A being given to 100 per cent of children aged from 6 to 59 months during National Immunization Days and to 50 per cent of school-age children along with deworming and (b) iodized salt being used by 87 per cent of the population.

10. Action on education has focused on returning 85,000 children to school, and the programme contributed to improving classroom conditions by renovating 47 schools, providing 2,000 desk/seat units, supplying teaching materials for primary schools, pre-school establishments and remedial education centres, and organizing refresher courses for teachers. Capacity-building within the country has been made a priority, to enable development and implementation of the national education-for-all programme.

11. Assistance from UNICEF in the area of protection of children and women made it possible to reorient the national strategy to support children in difficulty and abused women and girls from an individualized and institutional approach to a comprehensive and community-based one. The focus was on national capacity-building to improve (a) protection of traumatized children: in collaboration with the University, 500 specialists are providing assistance in the capitals of 10 regions; (b) protection of sexually abused women: collaboration with the Congolese association to combat violence against women, and Médecins sans frontières, has helped around 400 women; (c) protection of street children: a drop-in centre has been set up in partnership with the International Rescue Committee, NGOs have been helped to organize recreational activities, vocational training and family reunification, assisting 55 children. Promotion of the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women has been successful in the setting of the "Say Yes for children" campaign, through the use of a communication strategy covering neighbourhoods, social centres and public rallies. Around one quarter of the population (652,000) pledged their support.

12. The planning, monitoring and evaluation programme has given programme coordination a stronger institutional basis and encouraged decentralization of the analysis of the situation of women and children. Capacity-building, including capacity-building for ongoing analysis of the situation of women and children, has already been taking place in 4 out of 11 regions and will now be extended to all regions. A household health and nutrition survey has filled the need for reliable statistics in those fields.

13. The Pointe Noire sub-office has improved collaboration with partners who would previously have needed to travel to Brazzaville in order to contact UNICEF. Using the framework for collaboration, mobilization strategies were developed with 22 NGOs and associations in the fields of AIDS, immunization, provision of vitamin A supplements, support for early childhood and support for children living and working on the streets. The location of the sub-office is ideal for serving the

conflict-damaged areas in the south. It is also an important management and distribution centre for all programme supplies.

Lessons learned from previous experience

14. The post-conflict period was typified by a fairly scattered emergency response. In 2002, the approach was redirected towards a transition to regular programmes incorporating planned activities and programming flexibility to cope with the emergency. For programmes to have the greatest possible impact, activities need a common focus and enhanced coordination.

15. Partnership arrangements have been very active and productive: 15 protocols of agreement have been signed with NGOs, and inter-agency agreements have been concluded with the World Food Programme (WFP) and the United Nations Development Programme (UNDP). Such agreements have made it possible to launch large-scale programmes (projects to help children living and working on the streets, abused women and community development) through synergy of the comparative advantages of each partner. Emergency response has also improved as a result.

Recommended programme cooperation, 2003

Estimated annual expenditure

(In thousands of United States dollars)

Programmes	*Regular resources*	*Other resources*	*Total*
Health/nutrition/emergencies	450	1 000	1 450
Girl and infant education	250	700	950
Protection of children and women	100	500	600
Monitoring and evaluation/advocacy	110	200	310
Cross-sectoral costs	75	100	175
Total	**985**	**2 500**	**3 485**

Preparation of the country programme

16. The programme represents a continuation of the 2001-2002 cooperation programme, with the Director-General for the plan providing coordination for its preparation. It will be implemented in the context of reconstruction and focus on transfer of expertise, with a view to laying the foundations for an institutional infrastructure for ongoing monitoring of the situation of children and women, as well as the necessary coordination mechanisms. It provides an opportunity to incorporate the new 2004-2008 cooperation programme priorities in the national priorities that will be defined by the new Government in late 2002, while allowing some flexibility for emergency preparedness and response.

Goals and objectives of the country programme

17. The goal of the one-year programme is to help the Government and non-governmental organizations: restore basic social services; protect child victims of conflicts; strengthen mechanisms for the promotion and follow-up of the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women; address the emergency situation arising from social and political insecurity; and establish the groundwork for harmonization of strategies under the UNICEF medium-term strategic plan. It also aims to ensure a transition to a normal programming cycle as of 2004, by contributing to situation analysis, the Common Country Assessment and United Nations Development Assistance Framework (UNDAF).

Links with national and international priorities

18. The new programme takes into account national priorities as defined in the Interim Post-Conflict Programme. It will also draw on the Poverty Reduction Strategy Paper, the main UNDAF choices and the Millennium goals. The programme will help the Government to restore an enabling environment for quality universal basic education, with a view to achieving education for all, promoting an integrated approach to early childhood survival and development, reviving the Expanded Programme of Immunization, the national AIDS programme and the malaria control programme. Under the umbrella of the regional strategy for implementing the UNICEF medium-term strategic plan in emergency situations, the cooperation programme will assist the Government in evaluating and updating the National Plan of Action for Children and establishing mechanisms for annual dissemination of social reporting.

Programme strategy

19. The programme will pursue strategies developed in the previous programme. A participatory approach involving a wide array of partners (United Nations agencies, civil society organizations, international NGOs, academia, etc.) and grass-roots empowerment will be promoted to ensure early childhood survival and growth, environmental sanitation, schooling, and care for victims of child abuse and orphans. Support for service delivery will focus on improving access to health care and non-formal and basic education. National capacities will be strengthened for programme management and monitoring and analysis of the situation of children and women. Coordination of activities at community level will enable development of a partnership for — and integrated approach to — early childhood survival and development. National advocacy and communication will promote immunization, education, protection, HIV/AIDS prevention and poverty eradication. In order to maximize the programme's impact, efforts will be made to achieve geographical convergence by comparing poverty and equity indicators between regions and consolidating gains in the eight target zones: Brazzaville (3), Pointe Noire (2), Dolisie (1), Djambala-Lékana (1), Ouesso (1) and often marginalized indigenous communities accounting for some 15 per cent of the total population. These zones will serve as gateways also for promoting a community approach centred on early childhood survival and development.

20. **Health/nutrition/emergencies**. The programme, comprising three projects, will aim to improve access to quality care.

(a) The EPI Plus project will: (a) provide 60 per cent routine immunization coverage by making 60 permanent immunization centres operational (training, vaccines and cold storage) in the target areas while continuing to support the holding of synchronized National Immunization Days combined with the provision of vitamin A supplements; (b) strengthen national capacities for programme management, epidemiological surveillance, follow-up to immunization coverage and management of vaccine stocks in all health districts; (c) increase the number of integrated health centres by 20 per cent in order to support treatment of childhood diseases, malaria eradication and risk-free childbirth; and (d) support the prevention of mother-child HIV transmission project at the Brazzaville and Pointe Noire health outposts;

(b) The nutrition project will: (a) strengthen and achieve 60 per cent coverage of nutrition surveillance for children in all the target areas and comprehensive child care with a focus on stimulation; (b) relaunch the baby-friendly hospitals initiative in the seven hospitals in Brazzaville and Pointe Noire; (c) institutionalize the minimum nutrition package, including vitamin A supplementation, in 80 per cent of integrated health centres; and (d) increase household consumption of iodized salt from 87 to 90 per cent. The principal partners will be government technical services, NGOs, associations and communities, the World Health Organization (WHO) and the World Food Programme (WFP);

(c) The basic services project will: (a) strengthen information, awareness and health education at the community level and promote affordable technologies in the target areas; (b) create a healthy environment in 60 health outposts and 30 schools by, inter alia, providing water, appropriate latrines and incinerators for the disposal of waste and used syringes; and (c) strengthen public mobilization and communication for HIV/AIDS prevention through the national network of specialized NGOs at the community level and by targeting young people. Health, nutrition, education and protection activities will be incorporated into community-level project activities as part of an integrated approach to early childhood survival and development. The partners will be the government technical services, NGOs, associations and communities, WFP, UNDP and the International Labour Organization (ILO). Regular resources will be allocated to activities aimed at strengthening the quality of services, developing innovative approaches and training and, in part, to programme support; they may be reallocated in the event of an emergency. The other resources will be used to expand these activities on a wider scale and to finance additional support.

21. **Girls' and early childhood education**. The programme's objectives are: (a) to increase the enrolment rate from 70 per cent to 80 per cent in the target areas, taking care to ensure gender equality; (b) to reduce the dropout rate by 10 per cent; (c) to promote the re-enrolment of 3,000 unenrolled children; (d) to support formal education for adolescents; (e) to lay the political and institutional foundations for early childhood education through inclusion of pre-schools and development of stimulating activities within the nutrition and basic services projects; and (f) to support HIV/AIDS prevention in the schools in cooperation with United Nations agencies as part of the AIDS prevention at school project. Statistical processing and analysis mechanisms will be strengthened at all levels in order to

facilitate monitoring of the enrolment and dropout rates for girls. The programme will strengthen its strategy of restoring the minimum conditions for increased access to high-quality basic education in partnership with the United Nations Educational, Scientific and Cultural Organization (UNESCO) and with WFP in connection with the promotion of school canteens.

22. **Protection of children and women**. The programme's objectives are: (a) to advocate for the effective implementation of legislation by leaders, decision-makers, jurists and security forces in order to eliminate all forms of abuse, neglect and violation of the rights of children and women; (b) to create favourable conditions for the health, education, development and reintegration into society of 5,000 AIDS- or war-orphaned children; (c) to consolidate and expand the holistic approach to vulnerable children and women in the non-formal treatment centres and at the community level; and (d) to set up a system for the monitoring, notification and prevention of sexual exploitation, particularly during massive population displacements, in cooperation with the Directorate for Population. The 10 decentralized psychosocial teacher training units will be strengthened; the creation of forums for counselling and dialogue will be supported in all the target areas and in the 47 renovated schools; and young people's clubs will be promoted in cities and schools. The programme will strengthen national and community capacities for empowerment of women, addressing issues of gender equality and identifying essential indicators for the regular monitoring of vulnerable groups. Innovative approaches will be developed in close cooperation with NGOs, communities and the Government.

23. **Monitoring, evaluation and advocacy**. The programme's objectives are: (a) to strengthen mechanisms for ongoing monitoring and analysis of the situation of children and women at the community, district, regional and central levels; (b) to improve the efficiency and quality of communication, mobilization and advocacy activities, including those designed to promote the Global Movement for Children and to support the 20/20 Initiative. The programme will help to revitalize routine data collection systems and to carry out targeted studies and surveys. It will also support preparation of the Planning Directorate's social report and of the Common Country Assessment and will identify vulnerable groups and high-risk areas which lack access to basis services, so that communications strategies designed to increase public awareness can be developed. A national profile will be created, identifying the limiting social problems and showing their extent and location. In the context of poverty eradication, UNICEF will continue to develop its contacts with donors, both local (embassies and the private sector) and international, and to urge the Government to invest in basic social services, complete the Poverty Reduction Strategy Paper and provide funding for the implementation thereof.

24. The cross-sectoral costs are designed to ensure the operational, logistical and management capacities of the overall country programme. The regular resources will be used primarily to finance the costs of programme support staff, as well as the corresponding materials and equipment; the other resources will be employed to obtain complementary expertise and additional logistical support.

Collaboration with other partners

25. The partnership initiated with NGOs, communities and bilateral and multilateral cooperation agencies will be reinforced. UNICEF will support the networking of local NGOs and community women's and youth groups with a view to improving their capacities for negotiation and intervention. It will also help to implement UNDAF, specifically in connection with efforts to combat AIDS and with the coordination and harmonization of future programme cycles of United Nations agencies.

Programme management

26. An intersectoral committee made up of the directors-general of the various sectors concerned will be established to support the Director-General for Planning, who is responsible for coordinating the cooperation programme. Planning, execution and monitoring will be managed jointly with the government departments, NGOs and associations concerned. Project administrators and partners will receive training in administrative procedures, including the management and monitoring of foreign-currency aid received by the Government. The Government will be requested to make its contribution to the UNICEF budget.

TABLE
LINKAGE OF PROGRAMME BUDGET AND STAFFING/STAFF COSTS

COUNTRY : CONGO
PROGRAMME:2003-2003

PROGRAMME SECTION/AREAS AND FUNDING SOURCE	PROGRAMME BUDGET			POSTS a/										STAFF COSTS b/		
	RR	OR	TOTAL	D2/L7	D1/L6	P/L5	P/L4	P/L3	P/L2	IP	NP	GS	TOTAL	IP	LOCAL	TOTAL
REGULAR RESOURCES :																
HEALTH, WATER , AND SANITATION	450,000		450,000	0	0	0	0	0	0	0	1	0	1	0	32,192	32,192
EDUCATION/ECC/SGD	250,000		250,000	0	0	0	0	0	0	0	1	1	2	0	52,762	52,762
CHILD AND WOMEN PROTECTION	100,000		100,000	0	0	0	0	0	0	0	0	0	0	0	0	0
MONITORING AND EVALUATION	110,000		110,000	0	0	0	0	0	0	0	1	0	1	0	32,192	32,192
CROSS-SECTORAL COSTS	75,000		75,000	0	0	0	0	0	0	0	1	2	3	0	55,884	55,884
TOTAL RR	985,000		985,000	0	0	0	0	0	0	0	4	3	7	0	173,030	173,030
OTHER RESOURCES :																
HEALTH, WATER , AND SANITATION		1,000,000	1,000,000	0	0	0	1	1	0	2	2	0	4	364,792	56,678	421,470
EDUCATION/ECC/SGD		700,000	700,000	0	0	0	0	0	0	0	0	0	0	0	0	0
CHILD AND WOMEN PROTECTION		500,000	500,000	0	0	0	0	0	0	0	1	0	1	0	44,342	44,342
MONITORING AND EVALUATION		200,000	200,000	0	0	0	0	1	0	1	0	0	1	155,936	0	155,936
CROSS-SECTORAL COSTS		100,000	100,000	0	0	0	0	0	0	0	0	1	1	0	15,272	15,272
TOTAL OR		2,500,000	2,500,000	0	0	0	1	2	0	3	3	1	7	520,728	116,292	637,020
TOTAL RR & OR	985,000	2,500,000	3,485,000	0	0	0	1	2	0	3	7	4	14	520,728	289,322	810,050
SUPPORT BUDGET	Operating costs		236,482													
	Staffing			0	0	1	1	1	0	3	1	6	10	623,427	138,239	761,666
GRAND TOTAL (RR + OR + SB)				0	0	1	2	3	0	6	8	10	24	1,144,155	427,561	1,571,716
Number of posts and staff costs:																
Current programme cycle										4	9	13	26			
At the end of proposed programme cycle (indicative only)										6	8	10	24	1,144,155	427,561	1,571,716

RR = regular resources.
OR = other resources.
IP = international Professional.
NP = national Professional.
GS = General Service.
SB = support budget.

a/ Each post, regardless of its funding source, supports the country programme as a whole.
b/ Excludes temporary assistance and overtime.